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**UNIVERSITY OF ILLINOIS**  
**FACULTY-STAFF**  
**GROUP HEALTH**  
**INSURANCE PLANS**  
**1970**

**UNDERWRITTEN BY**  
**CONTINENTAL ASSURANCE Co.**



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## ELIGIBILITY

**Present and New Employees** All active, permanent, and continuous employees of the University of Illinois employed or on an appointment of at least 50% time and eligible for contributions under the State Employees' Group Insurance Act are eligible for participation. Present employees currently not participating in the program may enroll during an Open Enrollment period; these are held on an irregular basis but not more frequently than once every two (2) years. New employees may enroll either at the time of employment or within 90 days thereafter.

**Employees Retiring Under 65** Employees under 65 retiring with an immediate annuity under the provisions of the State Universities Retirement System (SURS) may continue participation. Such employees must arrange for their premium payments to be deducted from SURS annuity payments.

**Active or Retired Employees Over 65** Active or retired employees or dependents age 65 or over who are currently insured and eligible for Medicare payments under Social Security (Part A, Title XVIII of the Social Security Act of 1965 as amended) may participate in the program's special Medicare Supplemental Benefits Plan. Active or retired employees or dependents age 65 or over but not eligible for Medicare payments under Social Security may continue participation in this program in the plan under which they were insured at the time of their retirement.

**Dependents Defined** Dependents are defined as:

1. the lawful spouse of the employee or annuitant;
2. the unmarried children of the employee or annuitant who:
  - a. are under the age of 19, or
  - b. are enrolled on a full-time basis in a recognized educational institution, are dependent on the employee or annuitant for support and are under the age of 23, or
  - c. are not capable of self-support because of mental or physical incapacity that began before they attained the age limit. Satisfactory

evidence of this disability must be filed with the Insurance Office within 31 days before the age limit is reached.

**Dependent Participation** Dependents may be enrolled in the employee's or annuitant's plan provided they are enrolled within 90 days after becoming eligible and that the enrollment form and the deduction authorization card are received prior to the end of the 90 day period. New dependents may be added within 90 days after they become eligible under the terms of the policy provided the enrollment form and the deduction authorization card are received prior to the end of the 90 day period.

**Survivors** Spouses (not remarried) and other eligible dependents of deceased employees are eligible to continue participation provided the annual premium payments are made when due. If survivors permit coverage to lapse it shall not be reinstated.

**Leaves of Absence** Insured employees may continue to participate in this program while on approved University leave-of-absence-without-pay, disability, sick, or sabbatical leave. Arrangements for premium payments must be made within 30 days after the last day of active employment if the leave results in the ending of salary payments from which payroll deductions may be collected.

**Termination of Employment** Coverage under this program ends when an insured person ceases to be permanently and continuously employed by the University of Illinois. Retirement is not considered as termination of employment if an immediate annuity is paid by SURS to the person entering retirement.

**Conversion Privilege** An insured employee terminating his service with the University of Illinois may convert to an individual policy providing Hospital-Medical-Surgical benefits; written application for this conversion must be made within 31 days following termination of employment.

## OTHER INSURANCE

**Other State Insurance** Enrollment in this program replaces participation in any insurance programs available through the University of Illinois or any other programs providing benefits for the same types of loss available through employment by the State of Illinois, the University of Illinois, or any of their agencies.

**Coordination of Benefits** The benefits payable under the terms of this program will be coordinated with the benefits payable by any other group type insurance coverage which any program participant may have. Where coverage for the same expenses is provided by more than one group program, the total payment to the insured shall not exceed the highest maximum allowable benefit of the policies for the expense claimed nor shall it exceed 100% of the charges.

## HOW THE PROGRAM WORKS

**Coverage Plans** Each participating employee may select one (1) of the two (2) offered coverage plans: either the **High Option Plan** or the **Low Option Plan**. Each plan provides

1. **Basic** benefits to pay or to assist in paying certain Hospital-Medical-Surgical charges (known as Covered Expenses) and/or
2. **Major Medical** benefits to assist in paying Covered Expenses which either
  - a. are not eligible for Basic benefit payments, or
  - b. exceed Basic benefit payment limitations.

**Covered Expenses** The following Hospital-Medical-Surgical charges are considered Covered Expenses and are eligible, unless otherwise noted, for Basic and/or Major Medical benefit payments under both plans.

*For Hospitalization . . .*

. . . Expenses for all charges for daily room and board in other than a private room; for private room accommodations, the Covered Ex-

penses will be the charges for room and board up to the average semi-private room rate of the hospital in which the program member is confined. (*Hospital* means an institution operated pursuant to law for the care and treatment of sick and injured persons, with organized facilities for diagnosis and surgery, and having 24 hour nursing service, but does not include institutions operated primarily as rest homes for the aged.)

- . . . Expenses for all charges, other than regular daily services made by a hospital for medical care and treatment, exclusive of charges for professional services.

#### *For Professional Fees In or Out of the Hospital . . .*

- . . . Expenses for charges made by a licensed physician or surgeon for medical care and treatment and for performing a surgical procedure whether these fees are for treatment received in the hospital, at home, or in the doctor's office, or elsewhere. (*Physician* is any doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is legally qualified and licensed to practice medicine and perform surgery at the time and place where the service is rendered. For services covered by this program, doctors of dental surgery (D.D.S.), when acting within the scope of their licenses, are deemed to be physicians. No practitioners other than those specified above shall be deemed to be physicians for purposes of this program.)
- . . . Charges made by a Registered Nurse (R.N.).
- . . . Charges made by a licensed practical nurse during hospital confinement, provided a registered nurse is not available and the attending physician prescribes the services of the licensed practical nurse.
- . . . Charges made for treatment by a physiotherapist.
- . . . Charges made for the cost and administration of an anesthetic.

#### *For Special Medical Expenses In or Out of the Hospital . . .*

- . . . Charges for radium therapy, x-ray treatment and examinations (other than dental x-rays not necessitated by an injury), microscopic tests, or any laboratory tests or analyses made for diagnostic or treatment purposes. (Not payable as Basic benefit under Low Option Plan if insured person is on outpatient status.)
- . . . Charges for professional ambulance service for transportation to a hospital.



*For Medical Supply Expenses In or Out of the Hospital . . .*

- . . . Charges for drugs and medicines requiring the written prescription of a physician and which must be dispensed by a licensed pharmacist.
- . . . Charges for blood plasma or whole blood.
- . . . Charges for artificial limbs or eyes (except their replacement).
- . . . Charges for casts, splints, trusses, crutches, and braces (except dental braces).
- . . . Charges for oxygen and the rental of equipment for the administration of oxygen.
- . . . Charges for rental of a wheelchair or hospital type bed.
- . . . Charges for rental of an iron lung or other mechanical equipment.

<b>Dental Expense Coverage</b>	The following Covered Expenses charged by a doctor of dentistry for services and supplies will be payable as Major Medical benefits of High Option Plan members only . . .
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- . . . Charges for oral examinations, including scaling and cleaning of teeth, but not more than one (1) examination in any period of six consecutive months.
- . . . Charges for topical application of sodium or stannous fluoride, but only if the insured dependent has not yet reached the age of 15 years.
- . . . Charges for dental x-rays.
- . . . Charges for extractions.
- . . . Charges for oral surgery, including excision of impacted teeth.
- . . . Charges for fillings.
- . . . Charges for anesthetics administered in connection with oral surgery or other covered dental services.
- . . . Charges for inlays, gold fillings, crowns, and supports.
- . . . Charges for treatment of periodontal and other diseases of the gums and tissues of the mouth.
- . . . Charges for endodontic treatment, including root canal therapy.
- . . . Charges for initial installation (including adjustments during the six month period following installation) of bridgework, partial, or full removal dentures to replace one or more natural teeth extracted while insured under this plan.
- . . . Charges for orthodontic procedures.

**General Covered Expense Limitations** Covered Expenses shall not include charges for services, treatments, or supplies which are not reasonably necessary for the care and treatment of the disablement, or services, treatments, or supplies which are, in the opinion of the Insurance Company, unreasonably priced. In cases where the Company determines the price unreasonable, the Covered Expenses will be the amount customarily charged by qualified persons or institutions in the same area to persons of similar financial means who do not have insurance to cover the same disablement.

**Specific Covered Expense Limitations** Covered Expenses shall not include any expenses incurred . . .  
. . . in connection with any accidental bodily injury or sickness arising out of or in the course of employment, or which is covered by any Workmen's Compensation or Occupational Disease Act or Law.

- . . . which are not certified by the attending physician to be necessary.
- . . . for any charges made by a hospital unless the hospitalization is recommended and approved by a physician.
- . . . in connection with cosmetic surgery except that which is necessary for the prompt repair of an accidental bodily injury occurring while insured under this program.
- . . . in connection with dental care and treatment except that necessitated by accidental bodily injury occurring while insured under this program to sound, natural teeth. (This exclusion does not apply to program members enrolled under the High Option Plan.)
- . . . for eye examination for the purpose of prescribing corrective lenses or for the fitting of glasses.
- . . . for eye glasses, contact lenses, or hearing aids.
- . . . in connection with a routine physical examination.
- . . . as a result of an accidental bodily injury or sickness caused by war or by any act of war (declared or undeclared), or by participation in a riot, or as the result of the commission of a felony.
- . . . while confined in a U.S. Government Hospital or in any other hospital operated by a government unit, unless a charge is made that the program member is legally required to pay.
- . . . in connection with pregnancy or resulting childbirth, abortion, or miscarriage except as otherwise provided by the program.



- . . . for ordinary nursery expenses incurred during hospital confinement of newborn children.
- . . . in connection with any intentionally self-inflicted bodily injury.
- . . . for charges made by a physician, Registered Nurse (R.N.), licensed practical nurse, or physiotherapist if such person is related to the program member or ordinarily resides with the program member requiring treatment.
- . . . for charges of doctors in connection with weak, strained, or flat feet, any instability or imbalance of the foot, or any metatarsalgia or bunion, unless the charges are for an open cutting operation.
- . . . for charges of doctors in connection with corns, calluses, or toenails, unless the charges are for the partial or complete removal of nail roots or for services prescribed by a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is treating the insured person for a metabolic or peripheral-vascular disease.
- . . . to the extent that benefits are paid for Covered Expenses under a policy or hospital expense insurance issued by Continental Assurance Company in accordance with the "Conversion Privilege" section of the Policy provided under this program.

**The Deductible** Under the High Option Plan any program member having Covered Expenses payable as Major Medical Benefits must himself pay the first \$100 of those expenses during each calendar year. This \$100 is known as the Deductible and is subtracted from the member's Covered Major Medical Expenses after which the program pays 80% of the remainder. Certain Covered Expenses payable as Major Medical benefits are subject to the Deductible under the Low Option Plan, also. Basic benefits, however, are not subject to the Deductible.

Under either Plan, where applicable, once the Deductible is paid (satisfied) for Covered Major Medical Expenses during any calendar year it is not subtracted from any additional Covered Major Medical Expenses of that program member during the same calendar year. No more than three (3) Deductibles are charged against any policyholder and his dependents during any calendar year.

## BASIC BENEFITS

(For Covered Expenses)

### NOT SUBJECT TO A DEDUCTIBLE

TYPES OF CHARGES	HIGH OPTION PLAN	LOW OPTION PLAN
Hospital Room & Board (Semi-private or Ward)	100% of charges for the first 365 days are paid	80% of charges paid
Hospital Extra Expense	100% of charges for the first 365 days are paid	80% of charges paid
Physician's Visits, including Psychiatrist In Hospital Out of Hospital	80% of charges paid Not Covered	80% of charges paid Not Covered
Surgical Expenses	80% of charges paid	80% of charges paid
Accidental Injury Expenses	100% of the first \$150 per accident is paid	100% of the first \$150 per accident and 80% of remaining charges paid
Outpatient X-Ray and Laboratory Expenses	\$50 paid per calendar year	Not Covered
Outpatient Radioactive Therapy & X-Ray Expenses	\$250 paid per calendar year	Not Covered
Ambulance Services	\$25 paid	80% of charges paid
Dental Services & Supplies	Not Covered	Not Covered
Prescription Drugs and Medicines In Hospital Out of Hospital	Same as Hospital Extra Expense Not Covered	Same as Hosp. Extra Exp.  Not Covered
Maternity Benefits Hospital Expenses  Obstetrical Expense	100% of charges paid  \$100 paid for normal delivery \$200 paid for Caesarean	\$200 paid for ALL covered expenses ( \$300 for Caesarean )

# MAJOR MEDICAL BENEFITS

(For Covered Expenses)

ALL SUBJECT TO A DEDUCTIBLE

TYPES OF CHARGES	HIGH OPTION PLAN	LOW OPTION PLAN
Hospital Room & Board	80% of charges above those paid by Basic benefits*	Not Covered
Hospital Extra Expense	80% of charges above those paid by Basic benefits*	Not Covered
Physician's Visits In Hospital (including Psychiatrist) Out of Hospital (excluding Psychiatrist) Psychiatrist (out of hospital)	80% of charges above those paid by Basic benefits* 80% of charges paid* 50% of charges to maximum of \$500 per year are paid*	Not Covered 80% of charges paid* Same as High Option benefits
Surgical Expenses	80% of charges above those paid by Basic benefits*	Not Covered
Accidental Injury Expenses	80% of charges over \$150 per accident*	Not Covered
Outpatient X-Ray and Laboratory Expenses	80% of charges over \$50 per calendar year*	80% of charges paid*
Outpatient Radioactive Therapy & X-Ray Expense	80% of charges over \$250 per calendar year*	80% of charges paid*
Ambulance Service	80% of charges over \$25*	Not Covered
Dental Services & Supplies	80% of charges paid per calendar year*	Not Covered

\*after the annual Deductible of \$100 is satisfied

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**MAJOR MEDICAL BENEFITS**  
 (For Covered Expenses)  
**ALL SUBJECT TO A DEDUCTIBLE**

TYPES OF CHARGES	HIGH OPTION PLAN	LOW OPTION PLAN
Prescription Drugs and Medicines In Hospital  Out of Hospital	80% of charges above those paid by Basic benefits*  80% of charges paid*	Not Covered  80% of charges paid*
Maternity Benefits Hospital Expenses Obstetrical Expense	Not Covered 80% of charges above those paid by Basic benefits for "Complications of Pregnancy" as defined in this policy after the Maternity Deductible of \$600 (\$500 for Caesarean) is satisfied	Charges in excess of \$800 paid on an 80% basis after the Maternity Deductible of \$600 (\$500 for Caesarean) is satisfied

\*after the annual Deductible of \$100 is satisfied

## MAXIMUM MAJOR MEDICAL BENEFITS

### HIGH OPTION

\$20,000

Per Disablement

In Addition To

Basic Benefits Paid

### LOW OPTION

\$20,000

Per Disablement

Including

Basic Benefits Paid

MAJOR MEDICAL BENEFITS ARE SUBJECT TO AN ANNUAL DEDUCTIBLE. THE REMAINING COVERED MAJOR MEDICAL EXPENSES ARE PAID ON AN 80% BENEFIT BASIS.

## MEDICARE SUPPLEMENTAL BENEFITS PLAN

Participation in this plan is restricted to active or retired employees or dependents age 65 or over who are eligible for Medicare benefits under Social Security.

Persons so eligible and who are insured under this Medicare Supplemental Benefits Plan are eligible for the benefits of the High Option Plan when they travel outside the territory of the United States where Medicare benefits are not available, provided the enrollment card and the adjusted premium payment for the extension of coverage are received in advance of the travel.



Details of this plan follow. If you are eligible and have any questions about the benefits of this plan, you should contact the Insurance Office on your campus.

## Types of Charges

## Benefits Under This Plan

Hospital charges for daily room & board & medical care & treatment except charges for professional services.	<ul style="list-style-type: none"> <li>—\$44 during the first 60 days of confinement;</li> <li>—\$11 per day of confinement from the 61st through the 90th day;</li> <li>—80% of covered hospital expenses incurred on or after the 91st day of confinement.</li> </ul>
Private Duty Nurse	—80% of expenses with a maximum of \$16 for each 8-hour shift & for not more than 250 8-hour shifts each calendar year.
Prescription drug and medicine charges incurred while not confined to a hospital.	—each calendar year the insured person pays the first \$50 of such charges; the plan pays 80% of all additional such charges incurred by the same insured person during the same calendar year; drugs & medicines charged must require a physician's written prescription & must be of the type which can only be dispensed by a licensed pharmacist.
Physicians and Surgeons Expenses.	—plan pays the first \$50 of such covered expenses during each calendar year.
Maximum Benefit	—\$20,000 for each disablement.
Monthly Premium Rate	—\$5.10 per plan member less applicable State Contribution.

## GROUP PREMIUM RATES

URBANA CAMPUS	HIGH OPTION PLAN		LOW OPTION PLAN	
<i>Monthly</i>	Individual	Family	Individual	Family
Gross Premium	\$10.43	\$29.65	\$6.40	\$16.47
State Contribution	<u>-5.00</u>	<u>-5.00</u>	<u>-3.20</u>	<u>-5.00</u>
Net Cost to You	\$ 5.43	\$24.65	\$3.20	\$11.47

### CHICAGO CAMPUSES

<i>Monthly</i>				
Gross Premium	\$11.26	\$31.01	\$6.96	\$17.87
State Contribution	<u>-5.00</u>	<u>-5.00</u>	<u>-3.48</u>	<u>-5.00</u>
Net Cost to You	\$ 6.26	\$26.01	\$3.48	\$12.87

<i>Bi-Weekly</i>				
Gross Premium	\$ 5.20	\$14.31	\$3.21	\$ 8.25
State Contribution	<u>-2.31</u>	<u>-2.31</u>	<u>-1.61</u>	<u>-2.31</u>
Net Cost to You	\$ 2.89	\$12.00	\$1.60	\$ 5.94

The insurance purchased by new employees becoming eligible outside the open enrollment period, or the insurance of new dependents likewise becoming eligible outside the open enrollment period, becomes effective the first day of the calendar month in which the appropriate payroll deductions may be collected. Those interested in coverage during the interim period between enrollment and the effective date of insurance should contact the Insurance Office on their campus.

## HOW TO ENROLL

If you are eligible, complete the enclosed enrollment form and the payroll deduction authorization card, staple them together, and send them to the address given below for your campus.

Urbana Campus: Insurance Office  
Room B-3—Coble Hall  
801 South Wright Street  
Champaign, Illinois 61820

Chicago Circle: Insurance Office  
427 University Hall  
Chicago Circle Campus  
Chicago, Illinois 60612

Medical Center: Business Office  
U. of I. Medical Center  
833 South Wood Street  
Chicago, Illinois 60612

## FOR ADDITIONAL INFORMATION CONTACT ANY OF THESE OFFICES

The information given in this booklet is for general descriptive purposes only and is not intended to provide a complete analysis or explanation of the plans available. For a detailed description of the benefits and exclusions of each plan the appropriate certificate should be examined.









UNIVERSITY OF ILLINOIS-URBANA



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**UNIVERSITY OF ILLINOIS**

**FACULTY-STAFF**

**GROUP HEALTH**

**INSURANCE PLANS**

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**Active or Retired Employees Over 65** Active or retired employees or dependents age 65 or over who are currently insured and eligible for Medicare payments under Social Security (Part A, Title XVIII of the Social Security Act of 1965 as amended) will be transferred to the special Medicare Supplemental Benefits Plan. Active or retired employees or dependents age 65 or over but not eligible for Medicare payments under Social Security may continue participation in this program in the plan under which they were insured at the time of their retirement.

**Dependents Defined** Dependents are defined as:

1. the lawful spouse of the employee or annuitant;
2. the unmarried children of the employee or annuitant who:
  - a. are under the age of 19, or
  - b. are enrolled on a full-time basis in a recognized educational institution, are dependent on the employee or annuitant for support and are under the age of 23, or
  - c. are not capable of self-support because of mental or physical incapacity that began before they attained the age limit. Satisfactory



evidence of this disability must be filed with the Insurance Office within 31 days before the age limit is reached.

**Dependent Participation** Dependents may be enrolled in the employee's or annuitant's plan provided they are enrolled within 90 days after becoming eligible and that the enrollment form and the deduction authorization card are received prior to the end of the 90 day period. New dependents may be added within 90 days after they become eligible under the terms of the policy provided the enrollment form and the deduction authorization card are received prior to the end of the 90 day period.

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**Leaves of Absence** Insured employees may continue to participate in this program while on approved University leave-of-absence-without-pay, disability, sick, or sabbatical leave. Arrangements for premium payments must be made within 30 days after the last day of active employment if the leave results in the ending of salary payments from which payroll deductions may be collected.

**Termination of Employment** Coverage under this program ends when an insured person ceases to be permanently and continuously employed by the University of Illinois. Retirement is not considered as termination of employment if an immediate annuity is paid by SURS to the person entering retirement.

**Conversion Privilege** An insured employee terminating his service with the University of Illinois may convert to an individual policy providing Hospital-Medical-Surgical benefits; written application for this conversion must be made within 31 days following termination of employment. The benefits and premiums will not be the same as this group contract.

## OTHER INSURANCE

**Other State Insurance** Enrollment in this program replaces participation in any insurance programs available through the University of Illinois or any other programs providing benefits for the same types of loss available through employment by the State of Illinois, the University of Illinois, or any of their agencies.

**Coordination of Benefits** The benefits payable under the terms of this program will be coordinated with the benefits payable by any other group type insurance coverage which any program participant may have. Where coverage for the same expenses is provided by more than one group program, the total payment to the insured shall not exceed the highest maximum allowable benefit of the policies for the expense claimed nor shall it exceed 100% of the charges.

## HOW THE PROGRAM WORKS

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2. **Major Medical** benefits to assist in paying Covered Expenses which either
  - a. are not eligible for Basic benefit payments, or
  - b. exceed Basic benefit payment limitations.

**Covered Expenses** The following Hospital-Medical-Surgical charges are considered Covered Expenses and are eligible, unless otherwise noted, for Basic and/or Major Medical benefit payments under both plans.

*For Hospitalization . . .*

. . . Expenses for all charges for daily room and board in other than a private room; for private room accommodations, the Covered Ex-

penses will be the charges for room and board up to the average semi-private room rate of the hospital in which the program member is confined. (*Hospital* means an institution operated pursuant to law for the care and treatment of sick and injured persons, with organized facilities for diagnosis and surgery, and having 24 hour nursing service, but does not include institutions operated primarily as rest homes for the aged.)

- . . . Expenses for all charges, other than regular daily services made by a hospital for medical care and treatment, exclusive of charges for professional services.

*For Professional Fees In or Out of the Hospital . . .*

- . . . Expenses for charges made by a licensed physician or surgeon for medical care and treatment and for performing a surgical procedure whether these fees are for treatment received in the hospital, at home, or in the doctor's office, or elsewhere. (*Physician* is any doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is legally qualified and licensed to practice medicine and perform surgery at the time and place where the service is rendered. For services covered by this program, doctors of dental surgery (D.D.S.), when acting within the scope of their licenses, are deemed to be physicians. No practitioners other than those specified above shall be deemed to be physicians for purposes of this program.)
- . . . Charges made by a Registered Nurse (R.N.).
- . . . Charges made by a licensed practical nurse during hospital confinement, provided a registered nurse is not available and the attending physician prescribes the services of the licensed practical nurse.
- . . . Charges made for treatment by a physiotherapist.
- . . . Charges made for the cost and administration of an anesthetic.

*For Special Medical Expenses In or Out of the Hospital . . .*

- . . . Charges for radium therapy, x-ray treatment and examinations (other than dental x-rays not necessitated by an injury), microscopic tests, or any laboratory tests or analyses made for diagnostic or treatment purposes. (Not payable as Basic benefit under Low Option Plan if insured person is on outpatient status.)
- . . . Charges for professional ambulance service for transportation to a hospital.

*For Medical Supply Expenses In or Out of the Hospital . . .*

- . . . Charges for drugs and medicines requiring the written prescription of a physician and which must be dispensed by a licensed pharmacist.
- . . . Charges for blood plasma or whole blood.
- . . . Charges for artificial limbs or eyes (except their replacement).
- . . . Charges for casts, splints, trusses, crutches, and braces (except dental braces).
- . . . Charges for oxygen and the rental of equipment for the administration of oxygen.
- . . . Charges for rental of a wheelchair or hospital type bed.
- . . . Charges for rental of an iron lung or other mechanical equipment.

**Dental  
Expense  
Coverage**

The following Covered Expenses charged by a doctor of dentistry for services and supplies but not to exceed the cost of any suitable material which is medically satisfactory will be payable as Major Medical benefits of High Option Plan members only . . .

- . . . Charges for oral examinations, including scaling and cleaning of teeth, but not more than one (1) examination in any period of six consecutive months.
- . . . Charges for topical application of sodium or stannous fluoride, but only if the insured dependent has not yet reached the age of 15 years.
- . . . Charges for dental x-rays.
- . . . Charges for extractions.
- . . . Charges for oral surgery, including excision of impacted teeth.
- . . . Charges for fillings.
- . . . Charges for anesthetics administered in connection with oral surgery or other covered dental services.
- . . . Charges for inlays, gold fillings, crowns, and supports.
- . . . Charges for treatment of periodontal and other diseases of the gums and tissues of the mouth.
- . . . Charges for endodontic treatment, including root canal therapy.
- . . . Charges for initial installation (including adjustments during the six month period following installation) of bridgework, partial, or full removal dentures to replace one or more natural teeth extracted while insured under this plan.(No replacement dentures.)
- . . . Charges for orthodontic procedures subject to maximum benefit.

<b>General Covered Expense Limitations</b>	Covered Expenses shall not include charges for services, treatments, or supplies which are not reasonably necessary for the care and treatment of the disablement, or services, treatments, or supplies which are, in the opinion of the Insurance Company, unreasonably priced. In cases where the Company determines the price unreasonable, the Covered Expenses will be the amount customarily charged by qualified persons or institutions in the same area to persons of similar financial means who do not have insurance to cover the same disablement.
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<b>Specific Covered Expense Limitations</b>	Covered Expenses shall not include any expenses incurred . . . . . . in connection with any accidental bodily injury or sickness arising out of or in the course of employment, or which is covered by any Workmen's Compensation or Occupational Disease Act or Law.
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- . . . which are not certified by the attending physician to be necessary.
- . . . for any charges made by a hospital unless the hospitalization is recommended and approved by a physician.
- . . . in connection with cosmetic surgery except that which is necessary for the prompt repair of an accidental bodily injury occurring while insured under this program.
- . . . in connection with dental care and treatment except that necessitated by accidental bodily injury occurring while insured under this program to sound, natural teeth. (This exclusion does not apply to program members enrolled under the High Option Plan.)
- . . . for eye examination for the purpose of prescribing corrective lenses or for the fitting of glasses.
- . . . for eye glasses, contact lenses, or hearing aids.
- . . . in connection with a routine physical examination.
- . . . as a result of an accidental bodily injury or sickness caused by war or by any act of war (declared or undeclared), or by participation in a riot, or as the result of the commission of a felony.
- . . . while confined in a U.S. Government Hospital or in any other hospital operated by a government unit, unless a charge is made that the program member is legally required to pay.
- . . . in connection with pregnancy or resulting childbirth, abortion, or miscarriage except as otherwise provided by the program.



- . . . for ordinary nursery expenses incurred during hospital confinement of newborn children.
- . . . in connection with any intentionally self-inflicted bodily injury.
- . . . for charges made by a physician, Registered Nurse (R.N.), licensed practical nurse, or physiotherapist if such person is related to the program member or ordinarily resides with the program member requiring treatment.
- . . . for charges of doctors in connection with weak, strained, or flat feet, any instability or imbalance of the foot, or any metatarsalgia or bunion, unless the charges are for an open cutting operation.
- . . . for charges of doctors in connection with corns, calluses, or toenails, unless the charges are for the partial or complete removal of nail roots or for services prescribed by a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is treating the insured person for a metabolic or peripheral-vascular disease.
- . . . to the extent that benefits are paid for Covered Expenses under a policy or hospital expense insurance issued by Continental Assurance Company in accordance with the "Conversion Privilege" section of the Policy provided under this program.

**The Deductible** Under the High Option Plan any program member having Covered Expenses payable as Major Medical Benefits must himself pay the first \$100 of those expenses during each calendar year. This \$100 is known as the Deductible and is subtracted from the member's Covered Major Medical Expenses after which the program pays 80% of the remainder. Certain Covered Expenses payable as Major Medical benefits are subject to the Deductible under the Low Option Plan, also. Basic benefits, however, are not subject to the Deductible.

Under either Plan, where applicable, once the Deductible is paid (satisfied) for Covered Major Medical Expenses during any calendar year it is not subtracted from any additional Covered Major Medical Expenses of that program member during the same calendar year. No more than three (3) Deductibles are charged against any policyholder and his dependents during any calendar year.

## BASIC BENEFITS

(For Covered Expenses)

NOT SUBJECT TO A DEDUCTIBLE

TYPES OF CHARGES	HIGH OPTION PLAN	LOW OPTION PLAN
Hospital Room & Board (Semi-private or Ward)	100% of charges for the first 365 days	80% of charges
Hospital Extra Expense	100% of charges for the first 365 days	80% of charges
Physician's Visits, including Psychiatrist In Hospital Out of Hospital	80% of charges See Major Medical	80% of charges See Major Medical
Surgical Expenses	80% of charges	80% of charges
Accidental Injury Expenses	100% of the first \$150 per accident is paid. Excess under Major Medical	100% of the first \$150 per accident and 80% of remaining charges
Outpatient X-Ray and Laboratory Expenses	\$50 paid per calendar year. Excess under Major Medical	See Major Medical
Outpatient Radioactive Therapy & X-Ray Expenses	\$250 paid per calendar year. Excess under Major Medical	See Major Medical
Ambulance Services	\$25 paid	80% of charges paid
Dental Services & Supplies	See Major Medical	Not Covered
Prescription Drugs and Medicines In Hospital Out of Hospital	Same as Hospital Extra Expense Not Covered (See Major Medical)	Same as Hosp. Extra Exp. Not Covered (See Major Medical)
Maternity Benefits Hospital Expenses Obstetrical Expense	100% of charges paid \$100 paid for normal delivery \$200 paid for Caesarean	\$200 paid for ALL covered expenses ( \$300 for Caesarean )



# MAJOR MEDICAL BENEFITS

(For Covered Expenses)

ALL SUBJECT TO A DEDUCTIBLE

TYPES OF CHARGES	HIGH OPTION PLAN	LOW OPTION PLAN
Hospital Room & Board	80% of charges above those paid by Basic benefits*	Not Covered. See Base Plan
Hospital Extra Expense	80% of charges above those paid by Basic benefits*	Not Covered. See Base Plan
Physician's Visits In Hospital (including Psychiatrist) Out of Hospital (excluding Psychiatrist) Psychiatrist (out of hospital)	80% of charges above those paid by Basic benefits* 80% of charges*  50% of charges to maximum of \$500 per year*	Not Covered. See Base Plan  80% of charges*  Same as High Option benefits
Surgical Expenses	80% of charges above those paid by Basic benefits*	Not Covered. See Base Plan
Accidental Injury Expenses	80% of charges over \$150 per accident*	Not Covered. See Base Plan
Outpatient X-Ray and Laboratory Expenses	80% of charges over \$50 per calendar year*	80% of charges*
Outpatient Radioactive Therapy & X-Ray Expense	80% of charges over \$250 per calendar year*	80% of charges*
Ambulance Service	80% of charges over \$25*	Not Covered
Dental Services & Supplies Orthodontic	50% of charges. Maximum of \$1,000 per calendar year* 50% of charge, max. \$250	Not Covered

\*after the annual Deductible of \$100 is satisfied

## MAJOR MEDICAL BENEFITS

(For Covered Expenses)

ALL SUBJECT TO A DEDUCTIBLE

TYPES OF CHARGES	HIGH OPTION PLAN	LOW OPTION PLAN
Prescription Drugs and Medicines In Hospital  Out of Hospital	80% of charges above those paid by Basic benefits*  80% of charges*	Not Covered. See Base Plan  80% of charges*
Maternity Benefits Hospital Expenses Obstetrical Expense	Not Covered. See Base Plan 80% of charges above those paid by Basic benefits for "Complications of Pregnancy" as defined in this policy.*	Charges in excess of \$800 paid on an 80% basis after the Maternity Deductible of \$600 (\$500 for Caesarean) is satisfied

\*after the annual Deductible of \$100 is satisfied

### MAXIMUM MAJOR MEDICAL BENEFITS

#### HIGH OPTION

\$20,000

All Disablements

In Addition To

Basic Benefits Paid

#### LOW OPTION

\$20,000

All Disablements

Including

Basic Benefits Paid

MAJOR MEDICAL BENEFITS ARE SUBJECT TO AN ANNUAL DEDUCTIBLE. THE REMAINING COVERED MAJOR MEDICAL EXPENSES ARE PAID ON AN 80% BENEFIT BASIS.

## MEDICARE SUPPLEMENTAL BENEFITS PLAN

Participation in this plan is restricted to active or eligible retired employees or dependents age 65 or over who are eligible for Medicare Plan A and B benefits under Social Security.

Persons so eligible will be transferred from the High or Low Option Plan to the Medicare Supplemental Plan on the first of the month following the month they become eligible for Medicare.

Persons insured under this Medicare Supplemental Benefits Plan are eligible for benefits of the High Option Plan when they travel outside of the territory of the United States where Medicare benefits are not available, provided the enrollment card and the adjusted premium payment for the extension of coverage are received in advance of the travel.

## Types of Charges

## Benefits Under This Plan

Hospital charges for daily room & board & medical care & treatment except charges for professional services.	<ul style="list-style-type: none"> <li>—\$52 during the first 60 days of confinement;</li> <li>—\$13 per day of confinement from the 61st through the 90th day;</li> <li>—80% of covered hospital expenses incurred on or after the 91st day of confinement.</li> </ul>
Private Duty Nurse	—80% of expenses with a maximum of \$16 for each 8-hour shift & for not more than 250 8-hour shifts each calendar year.
Prescription drug and medicine charges incurred while not confined to a hospital.	—each calendar year the insured person pays the first \$50 of such charges; the plan pays 80% of all additional such charges incurred by the same insured person during the same calendar year; drugs & medicines charged must require a physician's written prescription & must be of the type which can only be dispensed by a licensed pharmacist.
Physicians and Surgeons Expenses.	—plan pays the first \$50 of such covered expenses during each calendar year.
Maximum Benefit	—\$20,000 for each disablement.
Monthly Premium Rate	—\$5.10 per plan member less applicable State Contribution.

## GROUP PREMIUM RATES

January 1, 1971 to July 1, 1971

URBANA CAMPUS	HIGH OPTION PLAN		LOW OPTION PLAN	
	Individual	Family	Individual	Family
<i>Monthly</i>				
Gross Premium	\$15.00	\$37.00	\$10.00	\$21.00
State Contribution	—5.00	—5.00	—5.00	—5.00
Net Cost to You	<u>\$10.00</u>	<u>\$32.00</u>	<u>\$ 5.00</u>	<u>\$16.00</u>

### CHICAGO CAMPUSES

#### *Monthly*

Gross Premium	\$15.00	\$37.00	\$10.00	\$21.00
State Contribution	—5.00	—5.00	—5.00	—5.00
Net Cost to You	<u>\$10.00</u>	<u>\$32.00</u>	<u>\$ 5.00</u>	<u>\$16.00</u>

#### *Bi-Weekly*

Gross Premium	\$ 6.92	\$17.08	\$ 4.62	\$ 9.69
State Contribution	—2.31	—2.31	—2.31	—2.31
Net Cost to You	<u>\$ 4.61</u>	<u>\$14.77</u>	<u>\$ 2.31</u>	<u>\$ 7.38</u>

The insurance purchased by new employees becoming eligible outside the open enrollment period, or the insurance of new dependents likewise becoming eligible outside the open enrollment period, becomes effective the first day of the calendar month in which the appropriate payroll deductions may be collected. Those interested in coverage during the interim period between enrollment and the effective date of insurance should contact the Insurance Office on their campus.

## HOW TO ENROLL

If you are eligible, complete the enclosed enrollment form and the payroll deduction authorization card, staple them together, and send them to the address given below for your campus.

Urbana Campus: Insurance Office  
Room B-3—Coble Hall  
801 South Wright Street  
Champaign, Illinois 61820

Chicago Circle: Insurance Office  
427 University Hall  
Chicago Circle Campus  
Chicago, Illinois 60612

Medical Center: Business Office  
U. of I. Medical Center  
833 South Wood Street  
Chicago, Illinois 60612

### FOR ADDITIONAL INFORMATION CONTACT ANY OF THESE OFFICES

The information given in this booklet is for general descriptive purposes only and is not intended to provide a complete analysis or explanation of the plans available. For a detailed description of the benefits and exclusions of each plan the appropriate certificate should be examined.











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